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ABSTRACT

This annotated, 30-item bibliography of books, reports and articles is divided into topics identical to those described in SO 001 849. Notable among the items in this issue are: the Proceedings of the Fifth Princeton Conference on Population Genetics and Demography; a journal article on the genetic implications of population control; and several items dealing with the physiological effects of oral contraceptives. ED 049 101 is another document in the same series. (JLB)

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Current Publications in Population/Family Planning

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Number 14 June 1971

Demography and Social Science

Majumdar, H. and Mindel C. Sheps. "Estimators of a Type I Geometric Distribution from Observations on Conception Times." *Demography*, 7 (3): 349–360. August 1970. 14-1

"In order to study distributions of fecundability, Potter and Parker fitted a Pearson Type I geometric distribution (with parameters a and b) to data from the Princeton Fertility Study. They, and subsequently other authors, estimated a and b from the observed moments of the month of first conception. A critical analysis of this method has shown that moment estimators of a and b are moderately reliable only within a specified range of values of a. Outside this range, either the estimators are extremely inefficient or their variances are not defined at all. Caution should therefore be taken in adopting this procedure. Furthermore, no moment estimate is defined when a is less than 2. It seems preferable to derive maximum likelihood estimates which have certain optimal properties and are defined for all permissible (i.e. positive) values of a and b.

"For large samples, the authors present: the covariance matrix (where defined) of the moment estimators, methods of obtaining maximum likelihood estimates and their covariance matrix, and the variances of estimates of specified moments of the fecundability of the sample. Results were obtained for three sets of data; in all cases, the maximum likelihood estimates fit the data better than do the moment estimates. Despite a substantial improvement, however, the fit is still poor for the two sets of data from the Princeton Fertility Study. Possible explanations are: (a) that the departures from the assumption of constant fecundability for each couple are sufficient to produce the poor fit, (b) that the data are inaccurate, or (c) that the method of defining the sample of women from whom the data were obtained resulted in an over-representation of short conception times. The relative importance of these factors is difficult to establish." (Authors' abstract.)

Osborne, Richard H. (ed.). "The Genetic Restructuring of Human Populations." *Social Biology*, 17 (4): 253–352. December 1970. 14-2

Proceedings of the Fifth Princeton Conference on Population Genetics and Demography held 6–8 November 1969. Papers included are: L. Bumpass, "The Trend of Interfaith Marriage in the United States;" C. P. F. de Camargo, *et al.*, "Marriage Patterns and Fertility in São Paulo;" B. K. Eckland, "New Mating Boundaries in Education;" C. E. Glick, "Interracial Marriage and Admixture in Hawaii;" P. C. Glick, "Intermarriage among Ethnic Groups in the United States;" C. V. Kiser, "Changing Patterns of Fertility in the United States;" K. Morgan, "Gene Flow and Structure of United States Negro Populations;" and L. D. Sanghvi, "Changing Patterns of Caste in India." The issue also contains 12 book reviews, 15 periodical abstracts, a complete 1970 index for the journal *Social Biology*, and table of contents for all four issues of Volume 17.

Rosen, Bernard C. and Alan B. Simmons. "Industrialization, Family and Fertility: A Structural-Psychological Analysis of the Brazilian Case." *Demography*, 8 (1): 46–69. February 1971. 14-3

"This paper addresses itself to some linkages between macro-social structure (industrialization, social class), social psychological variables (husband-wife decision making), psychological variables (attitudes), and fertility. A total of 726 currently mated women with proven fertility in five Brazilian communities were interviewed to determine various attitudes, their work experience, their participation in family decisions, their fertility ideals, and actual fertility. The five communities were selected along a rural-urban-industrialization continuum to include a village, two non-industrial cities, and two industrial cities (one of which was São Paulo). Family size in the industrial cities was small in all social strata, while in the non-industrial cities family size was large in the lower strata and declined in the upper strata. Further analysis revealed that smaller family size is associated with generally higher levels of status among women—higher educational levels, greater social contacts and more skilled employment, and equality in family decision making. Our analysis supports the hypothesis that industrialization influences fertility through shifts in the social status of women, both in their work and at home. New education and work opportunities facilitate the emergence of modern conceptions of the role of women in society and egalitarian decision making in the family. These attitudes and patterns of husband-wife interaction are related to smaller family size ideals and lower fertility." (Authors' abstract.)

Sly, David R. "Minority Group Status and Fertility: An Extension of Goldscheider and Uhlenberg." *American Journal of Sociology*, 76 (3): 443–459. November 1970. 14-4

In another study, Goldscheider and Uhlenberg rejected the *characteristic hypothesis* that, when minority groups share the social characteristics of the dominant group in a society, they share the same fertility values. This paper presents a further test of that hypothesis and is based on an analysis of data from the 1960 U. S. Census. The dependent variable, fertility, is measured as the number of children ever born per 1,000 ever married women aged 35–44. Region is used as a control variable, and education, occupation and income as the independent variables in comparing white and non-white fertility.

The study concludes that if race is used as a measure of minority group status, minority group status does not make an independent contribution to fertility when the South as a region is eliminated from the study . . . the data give strong support to the characteristics hypothesis, that is, education, husband's income, and region appear to have the main effect on fertility of the factors considered when the South is eliminated from the analysis."

United Nations Statistical Office. *Demographic Yearbook, 1969*, 1970. 694 pp. 14-5

The twenty-first annual issue contains a world summary by country, statistics on population, natality, mortality, life expectation, nuptiality and divorce. A special topic on natality statistics brings up to date the data in the 1965 *Yearbook* which last featured this section. Historical trends of live births and fetal deaths are shown, as well as data for live births by age of mother, birth order, age and occupation of father, legitimacy of father, type of birth, and duration of married life. Gross and net reproduction rates from 1963 to 1968 are also shown. A short chapter on recent changes in world fertility and another on technical notes to the tables comprise the introduction. In English and French with a cumulative subject matter index, indicating year of issue and time coverage.

U. S. Department of Commerce, Bureau of the Census. *Previous and Prospective Fertility: 1967*. U. S. Government Printing Office, Series P. 20, No. 211, 26 January 1971. 35 pp. 14-6

A sample survey of married women 18–39 years of age, conducted by the U. S. Bureau of the Census in March 1967, showed that

respondents 18 and 19 years of age expected to have smaller completed families (2,720 children per 1,000) compared with respondents 35–39 years of age, whose expected completed family size was 3,229 per 1,000, with an almost regular increase between these two groups. This would mean a replacement level of 118 percent for the 18 and 19 year old group compared with 143 percent for the older women. This family size expectation should result in declines in average family size in the near future. Detailed data are presented on children ever born and expected future fertility, by various socioeconomic characteristics of the women.

Wyon, John B. and John E. Gordon. *The Khanna Study: Population Problems in the Rural Punjab*. Harvard University Press, 1971. 437 pp. 14-7

Description of a field study of population in rural India between 1953 and 1959, and selected findings from a follow-up investigation 10 years later. Designed by members of Harvard's School of Public Health in collaboration with the Governments of India and the Punjab State, the study's aim was "to trace the relation between changes in the size of a population, and in its environment, as they affect community health and social well-being." It documents demographic variations of a defined population over a prolonged period, describes a trial contraceptive program among the poorly educated, and researches factors influencing population dynamics. Summaries appear at the end of each chapter, and the final chapter presents results from the 1969 follow-up study. Supplementary material is contained in the 5 appendices, the 11-page glossary, the 4-page list of study papers, and the 19 pages of references. Included also are 119 figures in the text, 16 in the appendices; 42 tables in the text, 1 in an appendix; and a 32-page index.

Human Reproduction and Fertility Control

Ben Cheikh, Tawhida. "Etude Comparative de 1.000 Cas D'Insertion de Sterilet Dans Le Post Abortum Immediate et de 1.000 Cas D'Insertion de Sterilet Dans Les Conditions Normales." Mimeo. presented at the Journées Medicale, Tunisia, April 1970. 6 pp. 14-8

A comparison of women who had immediately post abortum IUD insertions (up to four days after abortion) with women who had IUD insertions under the regular family planning program indicates that in terms of side effects, removal rates, expulsion rates, and pregnancy rates, there are no significant differences between the two groups. The author concludes that "a program of immediately post abortum IUD insertions can be carried out without detriment to the health of the women when such insertions are performed in a competent and asceptic manner."

The samples of women in this study are somewhat different on three characteristics:

	Post abortum	*Regular program*
Average age	31.2	28.6
Average number of living children	5.4	4.5
Average number live births	6.3	5.2

Bernard, R. I. "IUD Performance Patterns—a 1970 World View." *International Journal of Gynecology and Obstetrics*, 8: 926–940. November 1970. 14-9

Reviews the statistical findings of the International IUD Programme conducted under the auspices of The Pathfinder Fund, covering one year of experience for about 14,000 women participating in 50 studies, located in 30 countries throughout the world, with about 95 percent follow-up. The "pertinent" closure rate for all studies combined was 11 percent, of which pregnancies accounted for 1.8 percent, expulsions for 3.7 percent and removals for bleeding and pain for the remaining 5.5 percent. Regional differences in the major parameters are discussed. The author concludes, "It should be stressed, that through this world-spanning evaluation scheme, the IUD method of contraception was shown to be a powerful tool in the presently existing armamentarium of fertility control and that its relative success lies primarily with the attitude of both conveyor and acceptor, rather than with the IUD."

Buchman, M. I. "A Study of the Intrauterine Contraceptive Device with and without an Extracervical Appendage or Tail." *Fertility and Sterility*, 21: 348–355. April 1970. 14-10

Over a four year period involving 1,295 patients, the Lippes loop and Birnberg bow, both with and without tails, were employed in an anti-fertility study. The complication rate for tailed devices did not differ from that of their shorter counterparts. The tailed Birnberg bow seemed to exhibit a lower pregnancy rate than the tailless variety. But since the perforation for both types of Birnberg devices was so high, these IUDs were subsequently replaced by the Lippes loop. The most significant advantage of a tailed device is the simplicity with which its location can be ascertained; in cases which were previously thought to be expulsions, examination of the patient often disclosed that the device had perforated the uterus.

Goldzieher, Joseph W. "An Assessment of the Hazards and Metabolic Alterations Attributed to Oral Contraceptives." *Contraception*, 1 (6): 409–445. June 1970. 14-11

"Survey-type data have failed to yield any evidence for an increase in thromboembolic disease in users of oral contraceptives. Evaluation of this and related information is complicated by the fact that there has been a rapid rise in idiopathic thromboembolic disease, unrelated to use of oral contraceptives, in several developed countries. Retrospective case-control studies both in England and the United States point to an increased risk of thromboembolic disease, about sixfold, in oral contraceptive users. There are significant differences between the two sets of studies with respect to the age-factor, and the risk of cerebral thrombosis. These studies are critically examined in terms of the problems inherent in this type of statistical approach, and they are felt to be less than conclusive. The fact that these studies yield similar conclusions may be related to the fact that they are of the same basic design and carried out at a time when unavoidable biases of the same sort may affect them all. It is pointed out that risk of death from thromboembolic disease, at the maximum estimate derived from these studies, is still less than the risk from the use of other contraceptive modalities, when the maternal mortality from the use of these less effective methods is included." (Author's abstract.)

Studies dealing with other major side effects, such as carcinogenesis, metabolic alterations, and certain endocrine effects are also reviewed, and the author concludes that evaluation of published data in this field is "difficult because polemical as well as other irrelevant factors have crept into the picture."

Helbig, Donald W., Habib R. Siddiqui, Samuel B. Hopkins, Paul A. Harper, and Rowland V. Rider. "IUD Retention in West Pakistan and Methodology of Assessment." *Demography*, 7 (4): 467–482. November 1970. 14-12

"In 1967 there was a sample survey of women who had had IUD insertions in West Pakistan during the first 18 months of the Pakistan National Family Planning Program which began in July 1965. The 12-month retention rate, including reinsertions, per 100 respondents was 56. Certain gross relationships between respondent characteristics and IUD retention were found. Respondents age 35+ and with 5+ living children and respondents who had insertions within two months postpartum had relatively high retention rates. Respondent characteristics associated with low retention rates included: age 35+ with 0–4 living children; reasons other than family planning reported as reasons for insertion; less than one-half hour travel time required to obtain insertion; not informed at time of insertion about side-effects of IUD; and insertion during last six months of 1966. Consistency of response was evaluated by reinterviewing a sample of respondents. The significance of the 43 percent non-response rate was evaluated by making further attempts to interview a sample of non-respondents." (Authors' abstract.)

Herzberg, Brenda N., Anthony L. Johnson, and Susannah Brown. "Depressive Symptoms and Oral Contraceptives." *British Medical Journal*, 4 (5728): 142–145. 17 October 1970. 14-13

"Of 261 women who completed a self-rating scale for measuring depression, 168 were taking oral contraceptives and 93 were using physical methods of contraception. Of the group of women taking oral contraceptives 6.6 percent were more severely depressed than any of the control group. There was a significant variation in the depth of depression related to the day of the menstrual cycle in the control group. This association was not found in the oral contraceptive group, where premenstrual depression was limited to the one or two days preceding menstruation.

"Women taking a contraceptive containing lynoestrenol 2.5 mg and mestranol 0.075 mg showed a significantly increased incidence of pessimism, feelings of dissatisfaction, crying, and tension, compared with women taking other oral contraceptives and the control group." (Authors' summary.)

The study was conducted at the clinic of the Family Planning Association in Surrey, England. The questionnaire used consisted of 18 sections of the Beck self-rating scale,

combined with nine sections of the Picket scale designed to detect depressive symptoms in a non-psychotic population.

Inman, W. H. W. "Role of Drug Reaction Monitoring in the Investigation of Thrombosis and the Pill." *British Medical Bulletin*, 26: 248–256. September 1970. 14-14

Investigations of oral contraceptives in the United Kingdom are reviewed as examples of how the Committee on Safety of Drugs carries out its function in the continuous surveillance of all drugs. To study the etiology of thromboembolism and the use of oral contraceptives, the committee recruited a team of 40 part-time medical officers, thus keeping down the cost of the field investigation. It was found that the total mortality from thrombosis among users of oral contraceptives was about three per 100,000 women 20–34 years of age, representing the majority of users, and nine per 100,000 women 35–44 years of age, representing the minority. It is suggested that drug-induced morbidity, which is much more common than mortality, can be studied in comparatively limited populations by individual experts, an example being the study of nonfatal thromboembolism conducted by Vessey and Doll in 1968. Through international cooperation, studies have been made of the association between blood groups and thrombosis and also of the effects of estrogen doses. The fact that similar results were obtained in entirely different combinations of patients, studied by different methods, added greatly to the strength of the conclusions drawn from the individual results. The author concludes that "coupled with many other safety problems that have been investigated by the Committee, the results obtained so far have justified the efforts made by individual commissions to report their experience to the Committee, and it is suggested that, if the reporting of adverse reactions can be increased, more hazards will be identified and investigated and greater drug safety will be achieved."

Kleinman, R. I. (ed.). *Comments on Steroidal Contraception: A Report of the Meeting of the International Planned Parenthood Federation Central Medical Committee and Its Advisers, to Discuss the Known and Postulated Side-Effects of Steroidal Contraception, 11–12 April 1970, N. Y.*, International Planned Parenthood Federation, London, 1970. 55 pp. 14-15

Presents discussions of known or postulated association of steroidal contraception with thromboembolism, cancer, genetic damage, liver damage, hypertension, obesity, depression, and changes in subsequent fertility; in pituitary function, in lactation, in metabolism, in libido, and in changes in age at menopause. Contains the statement of the IPPF Central Medical Committee which concludes as follows: "The committee recognizes that, while any innovation in medicine carries with it certain risks which are by their nature unpredictable, the availability and uses of steroidal contraceptives is an important fact in maternal health and in the health of the family. The committee feels, as a result of its deliberations, that the continued use of steroidal contraception is fully justified. The possible risks must be weighed against the probable benefits. In evaluating the suitability of different methods of contraception, relative effectiveness is significant."

Moulding, T., D. Onstad, and J. A. Sbarbaro. "Supervision of Outpatient Drug Therapy with the Medication Monitor." *Annals of Internal Medicine*, 73: 559–564. October 1970. 14-16

The medication monitor is a calendar-month medication dispenser that permits the study of irregular ingestion of medication by outpatients. The study showed that 31 percent of 122 supposedly reliable tuberculosis outpatients took less than 70 percent of their medication for one month or more. With the use of the monitor it was possible to identify 28 percent of patients who required special attention to insure regular drug ingestion. The authors feel that the medication monitor should be particularly useful in studies of oral contraceptives.

Pelrine, E. W. *Abortion in Canada*. New Press, 1971. 133 pp. 14-17

Discusses the legal, moral, and medical aspects of induced abortion in Canada. Presents the findings of two surveys: one of the practices of Canadian hospitals with regard to abortion, and the other, of professional women in Canada concerning their personal experience with abortion.

Spellacy, W. N., W. C. Bhui, S. A. Birk, and S. A. McCreary. "Studies of Ethynodiol Diacetate and Mestranol on Blood Glucose and Plasma Insulin. II. Twelve Month Oral Glucose Tolerance Test." *Contraception*, 3: 185–194. March 1971. 14-18

Blood glucose and insulin levels were measured during oral glucose tolerance tests of 67 women both before and after a 12-month usage of an oral contraceptive consisting of ethynodiol diacetate and mestranol. The women were divided essentially into a normal group of 54 (Group I) and a borderline abnormal group of 12 (Group II) as shown by their initial glucose tolerance tests. One woman had an initial abnormal blood glucose level, but it did not change during the study. After one year of oral contraception, fasting levels of glucose and insulin had not changed significantly in either group. However, women in Group I showed a greater tendency for decreased glucose tolerance than women in Group II. In fact one-half of the women in Group II exhibited an increased glucose tolerance. Although the average initial insulin values in Group II exceeded those of Group I, insulin values of Group I remained elevated after a glucose tolerance test, while those of Group II did not change significantly.

Family Planning Programs

Hartfield, V. J. "The Role of the Nurse in a Family Planning Programme." *Contraception*, 3: 105–114. February 1971. 14-19

Of 783 insertions of Lippes loop D in a Family Planning Clinic in Ileshaland, Southwest Nigeria, 377 were done by nurses and 406 by physicians. There were no perforations and no significant differences between the two groups in the rates of first expulsions and removals for medical or personal reasons. The insertion techniques of doctors were slightly superior to those of nurses, particularly early in the nurses' experience. The author concludes that the use of paramedical personnel in a developing country is highly desirable because they are more available than physicians, are closer to the community, charge less, and can free the doctor to assume his role in "overall administration and organization, introducing and teaching new techniques and methods, and dealing with major complications and difficulties." The nurses' tasks are insertion of the loops, routine follow-up and treatment of minor complications, recruitment of new users, and education of the public. "She can only fulfill these roles effectively if she has the proper backing of a doctor who will relieve her of the worry of the management of major complications and medical conditions beyond her terms of reference."

Mundigo, Alex I., and J. Mayone Stycos. *Family Planning in Honduras, A Review of the National Program*. International Population Program, Cornell University, December 1970. 97 pp. 14-20

The International Population Program at Cornell University undertook, at the request of the Agency for International Development, a comprehensive evaluation of the family planning aspects of the Maternal-Child Health Program in Honduras, which has one of the world's highest birth rates.

From the administrative standpoint, the Program's Medical, Nursing, Social Work, Health Education, and Data Collection Departments were evaluated, and special surveys were done on clinic work, knowledge and attitudes, and follow-up. The determination of short- and long-range specific goals in terms of change in birth rates was set as a priority action, and a mathematical model for resource allocations, constructed at Cornell, was used and is described. Additional improvements in program management involve greater concentration on integrated data analysis, improvement of techniques of data collection, follow-up and education, and improved allocation of greater resources than are presently committed. (A set of suggested forms and instructions is included.)

Present and projected program resources will not substantially reduce the present crude birth rate of about 49 per thousand by 1980. Budgetary expansion alone might make a reduction to 44 per thousand feasible, but additional medical resources will also be needed to achieve the desired rate of 42 per thousand.

Polgar, S. and F. Rothstein. "Family Planning and Conjugal Roles in N. Y. C. Poverty Areas." *Social Science and Medicine*, 4: 135–139. July 1970. 14-21

Household interviews of women 18–39 years of age, married, and having at least one child were conducted in selected poverty areas of New York City in 1965 to study the relationship between conjugal patterns and contraceptive usage. The results showed that in joint conjugal relationships more male methods were used among Negro families and more female methods among Puerto Rican families. In both ethnic groups, however, when the woman has more of the responsibility, she appears to be more ready to adopt the pill and the IUD than other methods. This investigation is part of an action research project initiated by the Planned Parenthood Federation of America to evaluate the impact of the newer contraceptive methods on the attitudes, practices, and natality of impoverished urban Americans and the effectiveness of different service patterns.

Programme Evaluation Organisation, Planning Commission, Government of India. *Family Planning Programme in India: An Evaluation*. Department of Family Planning, Ministry of Health, Family Planning and Works, Housing and Urban Development, New Delhi, April 1970. 267 pp. 14-22

This is a report of an extensive two-phased study of the Indian Family Planning Program undertaken by the Program Evaluation Organisation of the Indian Planning Commission. The first phase was a general purpose study of the program organization, administration, training, services, and accomplishments in 35 sample districts involving interviews with some 6,000 male respondents and 271 staff members during September–December 1968. The results of this phase of the study are presented and analyzed in six chapters: "Background;" "Organization and Administration;" "Education and Motivation;" "Knowledge, Attitude and Views;" "Accomplishment;" and "Training." The second phase studied a sample of about 6,000 program acceptors and 1,372 spouses of acceptors in nine districts. Chapters reporting on this aspect of the study are: "Background of the Adopters;" "Analysis of Data Relating to Pre-Adoption Period;" "Analysis of Data Relating to Post-Adoption Period;" and "Views and Reactions of the Spouses and the Adopters." Results documenting the text are presented in 151 pages of appendix tables.

United States Department of Health, Education, and Welfare, Office of the Assistant Secretary for Planning and Evaluation. *Family Planning Service Program*, May 1970. 109 pp. 14-23

An operational analysis of a family planning program. Sections cover "Communications with the Patient," "Services Offered in the Clinic," and "Characteristics of Facilities and Personnel." Specific topics include mechanisms for promoting patient registration, follow-up procedures, effectiveness of contraceptive methods, facility location, manpower and clinic costs, and eligibility requirements and fee schedules. A final section contains 18 recommendations arising from conclusions drawn from this analysis. Data and observations are documented and illustrated.

World Health Organization. *Health Aspects of Family Planning*. Report of a WHO Scientific Group, Technical Report Series No. 442, Geneva, 1970. 50 pp. 14-24

A report of the Scientific Group on the Health Aspects of Family Planning, which met in Geneva, 24–30 June 1969. It reviews the scope of family planning activities in a health context and methodological approaches for assessing both the impact of family planning on health and the provision of family planning care. Fourteen subjects recommended for research are listed.

Population Policy

Bajema, C. J. "The Genetic Implications of Population Control." *BioScience*, 21: 71–75. 15 January 1971. 14-25

Two possible consequences of policies favoring continued population growth are (1) ". . . military aggression coupled with genocide to attain additional living space" and (2) survival of undesirable genetic patterns which appear to be favored in stress situations. Eugenic distribution of births can be achieved in a society which is urbanized and highly educated and has complete control over its fertility and has thus achieved a zero or negative population growth. A society that fails to achieve these reproductive patterns, however, will have to adopt methods of population control either through mutual coercion, such as taxation, or through compulsory measures restricting family size or granting of "marketable baby licenses." The author believes that once compulsory programs aimed at controlling population size have been adopted, compulsory control of genetic quality will follow quickly.

Noonan, J. T. (ed.). *The Morality of Abortion: Legal and Historical Perspectives*. Harvard University Press, 1970. 276 pp. 14-26

This volume is the outcome of the International Conference on Abortion, sponsored jointly by the Joseph P. Kennedy, Jr., Foundation and the Harvard Divinity School, which was held in Washington, D. C. in September 1967. It includes chapters on the history of Catholic doctrine with regard to abortion, on the Protestant ethical approach, and on the concept of the sacred condominium between the progenitors and the state. The appendices contain notes on the Abortion Act of 1967 in the United Kingdom, statistics on abortions and maternal death after illegal abortions in some European countries, and a chapter on constitutional balance by David W. Louisell and the editor.

Smith, R. G. "Changing Hawaii's Abortion Laws." *Pacific Health*, 3: 2–4. 1970. 14-27

A questionnaire survey of the Hawaii Medical Association, to determine the attitude of its members toward legalizing abortion, was conducted by the Maternal and Child Health Section of the School of Public Health of the University of Hawaii for the Hawaii State Legislature, prior to the amendment of the abortion law of that state. The findings were presented before the Senate Committee on Public Health, Welfare and Housing, whose chairman stated: "The detailed and concise summary of the findings contributed greatly to the understanding of the members of the committee with reference to the attitude of the physician. The greatest impact was the conclusion drawn from these studies indicating that a substantial majority of the physicians were in favor of either repealing or at least changing the archaic laws on abortion. Our committee was grateful to the School of Public Health for its commendable effort." This is an example of "how university resources can be utilized to give services to the community, with the ultimate goal of effecting social changes."

General

Center for Population Research, National Institute of Child Health and Human Development. *The Federal Program in Population Research*. US Department of Health, Education, and Welfare, 31 December 1970. 68 pp. 14-28

An inventory of population research supported by federal agencies during the fiscal year 1970. Includes an investigator index and a citation for each of 664 research projects, classified by subject category. The three appendices contain the classification used for grant-making, a table of federally supported projects by source of funds, and one by subject area.

International Bank for Reconstruction and Development. *World Bank Atlas*. September 1970. 12 pp. 14-29

This fifth edition contains the mid-1968 population, the 1968 per capita-gross national product, and the average annual growth rates of both from 1961 to 1968 for 55 countries in Africa, 41 in Asia, 35 in Europe, 30 in North and Central America, 13 in South America, and 17 in Oceania and Indonesia. For countries of over one million population these figures are also given separately. Continental maps are number coded for easy country identification.

United States National Center for Health Statistics. *Health Manpower Source Book, Section 21, Allied Health Manpower, 1950–80*. Public Health Service Publication, No. 263, 1970. 107 pp. 14-30

A source book summarizing statistics on available and projected allied health manpower in the medical, dental, and environmental health occupations. Within these occupations, it covers "professional, technical, and supportive workers in the fields of patient care, public health, and health research who engage in activities that support, complement, or supplement the professional functions of physicians, dentists, and registered nurses; as well as personnel engaged in organized environmental health activities who are expected to have some expertise in environmental health." One hundred and twenty-five health occupations, with 250 alternative titles, are listed. An inventory of federal programs that support training in health occupations appears in an appendix.

THE POPULATION COUNCIL

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